AF AF JJW

Atty. Dkt. No. 016910-0475

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Masataka TAMURA et al.

Title:

UNDERWATER LASER PROCESSING APPARATUS AND

UNDERWATER LASER PROCESSING METHOD

Appl. No.:

09/965,122

Filing Date:

09/28/2001

Examiner:

J. Johnson

Art Unit:

1725

## NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated March 1, 2004, and in the Advisory Action dated May 20, 2004, finally rejecting Claims 13, 15, 17-19 and 21.

- [ ] Applicant claims small entity status.
- [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- [X] Notice of Appeal Fee

[X] To be paid as detailed below

[ ]Not required (Fee paid in prior appeal)

09/02/2004 CNGUYEN 00000054 09965122

01 FC:1401 02 FC:1253 330.00 OP 950.00 OP The required fees are calculated below:

\$330.00	Notice of Appeal Fee	[X]
\$950.00	Extension for response filed within the third month:	[X]
\$0.00	Extension:	[ ]
\$1280.00	FEE TOTAL:	
\$0.00	Small Entity Fees Apply (subtract ½ of above):	[ ]
\$1280.00	TOTAL FEE:	

- [ ] Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- [X]A check in the amount of \$1280.00 is enclosed.
- [X]The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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